

No. 02-01DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent MORRIS HIRSCHSex M Date of Death JAN 4, 2002Place of
Death SOUTH BOROUGHDate of
Birth FEB 25, 1913Immediate
Cause Respiratory ArrestCertifier HOWARD KIRSHENBAUM M.D.Permit
Issued To MORRIS FUNERAL HOME
40 MAIN ST. SOUTH BOROUGHDisposition
At RURAL CREMATORIUMName of
Facility MORRIS FUNERAL HOMEDate Permit
Issued JAN 7, 2002

R-309

No. 02-01DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of Decedent MORRIS HIRSCH

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat RURAL CREMATORIUM
(Name of cemetery or crematory or town)on JAN 18 2002 180 Grove StreetFinal Disposition Worcester, MA 01605Certified by John J. Calfee
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

The Commonwealth of Massachusetts

No.02-01

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City or Town SOUTHBOROUGH Date JAN 7 2002

A satisfactory death certificate having been filed for
MORRIS HIRSCH

Full name of decedent
who died on JAN 4, 2002 US War Veteran WW II
date of death
born on FEB 25, 1913, who resided at
date of birth
12 Redgate Lane

and who died of Respiratory Arrest give immediate cause

Permission is hereby given for (check all appropriate boxes):
 Removal from: _____
name and address of original disposition

Disposition at: RURAL CREMATORIAL NORFOLK MA
name and address of cemetery or crematory

Transportation to: _____
name and address of immediate destination of remains

Permission is hereby given to:
MORRIS FUNERAL HOME
40 MAIN ST SOUTHBOROUGH MA
name of facility
address of facility
Beth Bell
Signature of Board of Health Agent, or, in towns where there is no Board of Health, of Town Clerk

No. C2-01

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.

Name of Decedent MORRIS HIRSCH

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

cremated remains
I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory)

on September 7, 2013

Final Disposition Sec 8, Lot 33-A, Grav #A

Certified by 10/10/2013
(Signature of Superintendent of cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 02-02No. 02-02**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of Decedent ANA RIOLAND FYHRSex F Date of Death JAN. 14, 2002Place of Death SOUTHBOROUGHDate of Birth SEPT. 27, 1919Immediate Cause CARDIAC ARRESTCertifier NADIA RODBERG M.D.Permit Issued To STEPHEN SCATAMACCIA
107 S. BROADWAY, LAWRENCE MA 01843Disposition At BAYVIEW CREMATORYName of Facility AMERICAN CREMATION SOCIETY
342 Washington St, Haverhill MA 01832Date Permit Issued January 31, 2002**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***This section to be returned immediately, properly endorsed*to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent ANA RIOLAND FYHR

If a U.S. War Veteran, specify what war, organization, etc.

N/A**ENDORSEMENT***(To be filled in by cemetery or crematory official)*

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

BAYVIEW CREMATORY
at SEAVERICK, NEW HAMPSHIRE
(Name of cemetery or crematory) (City or Town)on JANUARY 23, 2002Final Disposition CREMATIONCertified by LR
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 02-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent Dorothy V. Coldwell

Sex F Date of Death Feb 26, 2002

Place of
Death SouthboroughDate of
Birth June 7, 1909Immediate
Cause Multiple Myeloma

Certifier Vinau Kumar M.D.

Permit
Issued To Peter Wadsworth 5803Disposition
At Rural CemeteryName of
Facility Wadsworth-ChiappiniDate Permit
Issued March 1, 2002

No. 02-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk's Office
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Dorothy V. Coldwell

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough MA
(Name of cemetery or crematory) (City or Town)
on March 2, 2002

Final Disposition See Bk. 10, Lot 30, Grv#4

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Gladys M. Urquhart
 Sex F Date of Death March 6, 2002
 Place of Death Southborough
 Date of Birth Feb 15, 1927
 Immediate Cause Cardiac Arrest
 Certifier Neal M. Fallis M.D.
 Permit Issued To Nancy G. Morris
 Disposition At Rural Cemetery
 Name of Facility Morris Funeral Home
 Date Permit Issued March 8, 2002

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk's Office
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Gladys M. Urquhart

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on March 9, 2002

Final Disposition Sec. 3, Lot 23B, Gry #2

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 02-06

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Frank B. DiPasqualeSex M Date of Death April 12, 2002Place of Death SouthboroughDate of Birth Dec 15, 1926Immediate Cause Metastatic CancerCertifier Kenneth Falchuk M.D.Permit Issued To James McWilliamsDisposition Rural Cemetery
At Britton Funeral HomeName of Facility Britton Funeral HomeDate Permit Issued April 12, 2002

No. 02-06

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerks Office
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Frank B. DiPasquale

If a U.S. War Veteran, specify what war, organization, etc.

WW 2 Army

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on April 15, 2002Final Disposition Sec. 13, Lot 44A, Grv. #2Certified by Robert J. Williams
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Dolores Cruciani

Sex F Date of Death APRIL 15, 2002

Place of Death Southborough

Date of Birth SEPTEMBER 4, 1943

Immediate Cause Ovarian Cancer

Certifier HARRISON Ball M.D.

Permit Issued To Nancy G. Morris

Disposition At Rural Cemetery Southborough

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued APRIL 17 2002

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.

Name of Decedent Dolores Cruciani

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on April 18, 2002

Final Disposition C-East, Lot 14S, Grv#4

Certified by John Morris
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent MARGARET J. O'BRIEN

Sex F Date of Death MAY 9, 2002

Place of Death SOUTH BOROUGH

Date of Birth OCT 27, 1911

Immediate Cause DEHYDRATION

Certifier MEREDITH MARTIN M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At ST. PAUL'S CEMETERY
HINCHIN

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued MAY 10, 2002

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to SOUTH BOROUGH TOWN CLERK'S OFFICE
(Office issuing permit)

City or Town of SOUTH BOROUGH Mass.

Name of Decedent MARGARET J. O'BRIEN

If a U.S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Paul's Cemetery Hingham
(Name of cemetery or crematory) (City or Town)

on May 13, 2002

Final Disposition Burial

Certified by C. M. H. (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 02-09

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Susan E. Orlando

Sex F Date of Death July 5, 2002

Place of Death Southborough

Date of Birth Oct 7, 1957

Immediate Cause Metastatic Breast Cancer

Certifier Roger Lange M.D.

Permit Issued To Morris Funeral Home

Disposition Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued July 9, 2002

No. 02-09

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough, Mass.

Name of Decedent Susan E. Orlando

If a U.S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

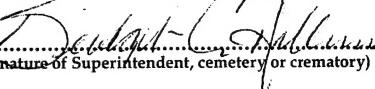
(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on July 9, 2002

Final Disposition Sec. 5, Lot 19A, Grv.#2

Certified by 
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of
Decedent RICHARD LOUIS ZANIBONISex M Date of Death AUGUST 18, 2002Place of
Death SOUTH BOROUGHDate of
Birth SEPT. 19, 1933Immediate
Cause BRAIN TUMOR - GLEOBLASTOMACertifier DR. RADHA AGAWAL M.D.Permit
Issued To MORRIS FUNERAL HOMEDisposition
At RURAL CEMETERYName of
Facility MORRIS FUNERAL HOMEDate Permit
Issued AUGUST 22, 2002**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***This section to be returned immediately, properly endorsed*to TOWN CLERK
(Office issuing permit)City or Town of SOUTH BOROUGH MassName of Decedent RICHARD L ZANIBONI

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on August 22, 2002Final Disposition Sec. B-West, Lot 65N, Grv#3Certified by Daniel G. Miller
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent William J. O'Brien

Sex M Date of Death Aug 24, 2002

Place of Death 22 Red Oak Lane Sboro

Date of Birth Nov 18, 1932

Immediate Cause Respiratory Failure

Certifier Dr. Julian Yoshida M.D.

Permit Issued To Nancy Morris
Morris Funeral Home

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued Aug 28, 2002

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass

Name of Decedent William J. O'Brien

If a U.S. War Veteran, specify what war, organization, etc.

Korean

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on August 28, 2002

Final Disposition Sec. 5, Lot 18A, Grv#1

Certified by Donald J. Morris
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Laurie A. Sullivan
 Sex F Date of Death Metastatic Breast
 Place of Death Southborough Entered Sept. 1, 2002
 Date of Birth July 10, 1961
 Immediate Cause Metastatic Breast Cancer
 Certifier John Krikorian M.D.
 Permit Issued To Nancy Morris
Morris Funeral Home
 Disposition Rural Cemetery
 At Morris Funeral Home
 Name of Facility Morris Funeral Home
 Date Permit Issued September 5, 2002

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Laurie A. Sullivan

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough MA
(Name of cemetery or crematory) (City or Town)on September 5, 2002Final Disposition Sec. 33 Lot 30A, Grv#2Certified by D. Morris
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent William Atkins Hedges

Sex M Date of Death September 5, 2002

Place of Death Southborough, MA

Date of Birth February 14, 1956

Immediate Cause Asphyxia

Certifier Leander Lipman M.D.

Permit Issued To Lawrence Eaton-5C12
Eaton Funeral Home

Disposition At Newton Crematory

Name of Facility Eaton Funeral Home

Date Permit Issued September 9, 2002

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough, Mass.

Name of Decedent William Atkins Hedges

If a U.S. War Veteran, specify what war, organization, etc.

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ENDORSEMENT

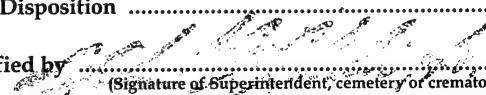
(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Newton Crematory Newton
(Name of cemetery or crematory) (City or Town)

on September 10, 2002

Final Disposition

Certified by 
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 02-14**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of
Decedent FLORENCE A FINN-FITZGERALDSex F Date of Death November 24, 2002Place of
Death SOUTHBOROUGHDate of
Birth AUGUST 8, 1907Immediate
Cause CONGESTIVE HEART FAILURECertifier PAT CHIRA M.D.Permit
Issued To MORRIS FUNERAL HOMEDisposition
At RURAL CEMETERYName of
Facility MORRIS FUNERALDate Permit
Issued NOV. 24, 2002

R-309

No. 02-14**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***This section to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southborough MassName of Decedent Florence Fitzgerald

If a U.S. War Veteran, specify what war, organization, etc.

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ENDORSEMENT*(To be filled in by cemetery or crematory official)*I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on November 27, 2002Final Disposition Sec. 15, Lot 9, Gry #7Certified by D. Chirra
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 02-15

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent ANNA LABARRE

Sex F Date of Death NOVEMBER 25, 2002

Place of Death SOUTHBOROUGH

Date of Birth MAR. 6, 1901

Immediate Cause CORONARY ARTERY DISEASE

Certifier JOHN CURRAN M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At RURAL CEMETERY

Name of Facility MORRIS FUNERAL

Date Permit Issued NOV. 27, 2002

R-309

No. 02-15

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.

Name of Decedent ANNA LABARRE

If a U.S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

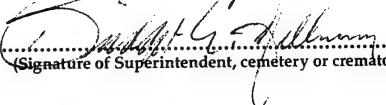
(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on November 30, 2002

Final Disposition Sec. D, Lot 33, Grv#5

Certified by 
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 02-16

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent ROBERT J. VANNI

Sex M Date of Death DECEMBER 14, 2002

Place of Death SOUTHBOROUGH

Date of Birth JULY 19, 1934

Immediate Cause METASTATIC LUNG CANCER

Certifier ALLA BOLKHOVSKY, M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At RURAL CEMETERY

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued DEC 17, 2002

No. 02-16

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.

Name of Decedent ROBERT J. VANNI

If a U.S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on December 18, 2002

Final Disposition See. 1-C, Lot 8, Gry#2

Certified by Robert J. Vannini
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 03-01

No. 03-01

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Joseph M. McManus

Sex M Date of Death Feb 25, 2003

Place of Death 9 Woodbury Rd

Date of Birth March 27, 1945

Immediate Cause Prostate Cancer

Certifier Joseph P. Eder M.D.

Permit Issued To Edmund H. Tunnicliffe

Disposition At Mt. Auburn Crematory

Name of Facility Mt. Auburn Crem.

Date Permit Issued Feb. 27, 2003

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

Town Clerk

to (Office issuing permit)

Southborough City or Town of Mass

Name of Decedent Joseph M. McManus

If a U.S. War Veteran, specify what war, organization, etc.

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ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Mount Auburn Cemetery Crematory Cambridge,
(Name of cemetery or crematory) (City or Town) MA

on February 28, 2003

2/28/2003 Tunnicliffe F.H. pick up for
Final Disposition burial St Patrick's Cem.Fall River, MA
Certified by James E. Holman
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 03-02

R-309

No. 03-02

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent GINO O. BONVINI

Sex M Date of Death 2/27/03

Place of Death ~~212 BOSTON RD~~ SOUTHBOROUGH

Date of Birth 7/24/1921

Immediate Cause cerebrovascular accident

Certifier JAMES HOWE M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At RURAL

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued Feb. 28, 2003

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to SOUTHBOROUGH TOWN CLERK
(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.

Name of Decedent GINO O. BONVINI

If a U.S. War Veteran, specify what war, organization, etc.

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ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery SOUTHBOROUGH, MA
(Name of cemetery or crematory) (City or Town)

on March 3, 2003

Final Disposition Sec. C-West, Lot 35S, Gry #3

Certified by *Paul J. Morris*
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Mary T PandoSex F Date of Death March 9, 2003Place of Death 25 William Orthank
Southborough, MADate of Birth Nov. 8, 1922 CancerImmediate Cause Metastatic BreastCertifier William V. Walsh M.D.Permit Issued To John P. Rowe Fun HomeDisposition Rural Crematory
At John P. Rowe Fun HomeName of Facility John P. Rowe Fun HomeDate Permit Issued March 10, 2003DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass:Name of Decedent Mary T Pando

If a U.S. War Veteran, specify what war, organization, etc.

- - -
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ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory) (City or Town)
MAR 12 2003 180 Grove Streeton Worcester, MA 01605

Final Disposition

Certified by John P. Rowe
Signature of Superintendent, cemetery or crematory

If there is no officer in charge, funeral director must sign and return this stub.

No. 03-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Mary E. WhiteSex F Date of Death March 19, 2003Place of Death D Ward Rd, SouthboroDate of Birth Nov. 6, 1910Immediate Cause Aortic StenosisCertifier Richard Parker M.D.Permit Issued To Nancy G Morris
Morris Funeral HomeDisposition At Rural CemeteryName of Facility Morris Funeral HomeDate Permit Issued March 20, 2003

No. 03-04

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough MassName of Decedent Mary E. White

If a U.S. War Veteran, specify what war, organization, etc.

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ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on March 24, 2003Final Disposition Sec. D, Lot 20, Grv#5Certified by Richard C. Parker
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 03-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Edmund J. Carberry Jr.

Sex M Date of Death April 13, 2003

Place of Death 104 Main St Southboro

Date of Birth April 14, 1914

Immediate Cause Myocardial Infarction

Certifier William C. Liao, M.D.

Permit Issued To Laurence R. Eaton

Disposition At St Francis Cemetery
Providence, RIName of Facility Eaton Funeral Home
Needham, MA

Date Permit Issued April 4, 2003

No. 03-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southboro Mass.

Name of Decedent Edmund J. Carberry Jr.

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St Francis Cemetery
(Name of cemetery or crematory) Pawtucket
(City or Town)

on April 13, 2003

Final Disposition 03-05-252-2

Certified by William J. Reynolds
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Dennis J. Bezokas
 Sex M Date of Death June 4, 2003
 Place of Death 75 Turnpike Rd, Southboro
 Date of Birth February 19, 1950
 Immediate Cause Pending Toxicology
 Certifier Jennifer Lipman M.D.
 Permit Issued To Nancy C. Morris
Morris Funeral Home
 Disposition At Rural Cemetery
 Name of Facility Morris Funeral Home
 Date Permit Issued June 9, 2003

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Dennis J. Bezokas

If a U.S. War Veteran, specify what war, organization, etc.

Vietnam
=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on June 9, 2003
=====Final Disposition Sec. A, Lot 18, Grv#4
=====Certified by Daniel J. Hall
(Signature of Superintendent, cemetery or crematory)
=====

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of
Decedent MATILDA O. JENNINGSSex F Date of Death JULY 26, 2003Place of
Death SOUTH BOROUGHDate of
Birth Apr. 7, 1909Immediate
Cause Myocardial InfarctionCertifier MATTHIAS NURNBERGER M.D.Permit
Issued To EDWARD J. DOHERTYDisposition
At Woodlawn CEMETERYName of
Facility George F. Doherty & SonsDate Permit
Issued JULY 28, 2003

No. 03-08DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent RUTH R. LAMBERT (Rounsevell)Sex F Date of Death Feb. 20, 1977Place of Death Framingham, MADate of Birth Sept. 13, 1930Immediate Cause Malignant LymphomaCertifier M.D.
=====Nancy G. MorrisPermit Issued To Morris Funeral HomeDisposition At RURAL CEMETERYName of Facility Morris Funeral HomeDate Permit Issued Aug. 7, 2003No. 03-08DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent RUTH R. LAMBERT

If a U.S. War Veteran, specify what war, organization, etc.

=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
removed from ~~as per~~ in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on August 12, 2003Final Disposition Rounsevell Cemetery, Freetown, MACertified by Bethel J. Morris
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT**

VOID

*Stub to be retained by officer issuing permit*Name of
Decedent Ruth R. LAMBERTSex F Date of Death Feb. 20, 1977Place of
Death Framingham, MADate of
Birth Sept. 13, 1930Immediate
Cause Malignant Lymphoma

Certifier M.D.

=====

Permit
Issued To Morris Funeral HomeDisposition
At ROOSEVELL CEMETERYName of
Facility Morris FUNERAL HOMEDate Permit
Issued Aug 7, 2003

No. 03-10DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent YOLA GIOMBETTISex F Date of Death Sept. 6, 2003Place of Death SOUTHBOROUGH, MADate of Birth Sept. 1, 1916Immediate Cause ATHEROSCLEROTIC CARDIOVASCULARCertifier WILLIAM ZIMM M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At ROSEVILLE CEMETERYName of Facility MORRIS FUNERAL HOMEDate Permit Issued SEPTEMBER 8, 2003

R-309

No. 03-10DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to SOUTHBOROUGH TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent YOLA GIOMBETTI

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on September 10, 2003Final Disposition Section F, Grave #130Certified by R. Zimm
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 03-11

No. 03-11

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Howard Dickinson YoumansSex M Date of Death 9/28/2003Place of Death 8 Hickory Rd. SouthboroDate of Birth Feb. 26, 1921Immediate Cause cardiovascular arrestCertifier MADHOUJI Take M.D.Permit Issued To Morris Funeral HomeDisposition At Rural CrematoryName of Facility Morris Funeral HomeDate Permit Issued Sept 29, 2003DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough MassName of Decedent Howard DickinsonIf a U.S. War Veteran, specify what war, organization, etc.
.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory (City or Town)
(Name of cemetery or crematory)on SEP 30 2003 180 Grove Street
Worcester, MA 016

Final Disposition

Certified by John T. Cobell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 03-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent YOLANDA T. BERTONAZZI

Sex F Date of Death NOV. 2, 2003

Place of Death SOUTH BOROUGH, MA

Date of Birth JAN. 4, 1920

Immediate Cause OVARIAN CANCER

Certifier DEBORAH HADLEY M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At HIGHLAND CEMETERY,
DOVER, MA

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued NOV. 5, 2003

R-309

No. 03-12

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)

City or Town of SOUTH BOROUGH Mass

Name of Decedent YOLANDA T. BERTONAZZI

If a U.S. War Veteran, specify what war, organization, etc.

=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at HIGHLAND CEMETERY Dover MA
(Name of cemetery or crematory) (City or Town)

on 11/8/03

Final Disposition Burial

Certified by Lawrence R. Day, D.P.M.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Eva BonviniSex F Date of Death Nov 14, 2003Place of Death 212 Bosto Rd SouthboroDate of Birth June 25, 2003 1926Immediate Cause Congestive Heart FailureCertifier James Hause M.D.Permit Issued To November 14, 2003Disposition Rural Cemetery
At Name of Facility Morris Funeral HomeDate Permit Issued Nov. 14, 2003DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough, Mass.Name of Decedent Eva Bonvini

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on November 17, 2003Final Disposition Sec. C-West, Lot 35S, Grv#4Certified by Paula Gilligan
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Justine Mc KEENSex F Date of Death Dec 7-2003Place of Death 134 Deerfoot RdDate of Birth April 27. 1923Immediate Cause Ischaemic CardiomyopathyCertifier Vinay Kumar M.D.Permit Issued To Morris Funeral HomeDisposition Rural Crematory Inc.
At Worcester, MA 01605Name of Facility Morris Funeral HomeDate Permit Issued Dec 9. 2003DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT*This section to be returned immediately, properly endorsed*to Town Clerk
(Office issuing permit)City or Town of Southboro Mass.Name of Decedent Justine Mc KEEN

If a U.S. War Veteran, specify what war, organization, etc.

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.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory) 180 Grove Street
(City or Town)on DEC 10 2003 Worcester, MA 01605Final DispositionCertified by John H. Cobell
Signature of Superintendent, cemetery or crematory

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent AUDREY CHARLOTTE SPECHT

Sex F Date of Death JANUARY 10, 2004

Place of
Death SOUTH BOROUGH, MADate of
Birth JANUARY 30, 1925Immediate
Cause AMPULLARY CARCINOMA

Certifier JEFFREY MORGAN M.D.

Permit
Issued To J.S. WATERMAN & SONSDisposition
At WOODLAWN CEMETARYName of
Facility J.S. WATERMAN & SONSDate Permit
Issued JANUARY 14, 2004

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent CATHERINE D. ALSTERLUNDSex F Date of Death JAN. 31, 2004Place of Death SOUTH BOROUGHDate of Birth ANG. 20, 1916Immediate Cause SUDDEN DEATHCertifier MEREDITH MARTIN M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At RURAL CREMATORIUMName of Facility MORRIS FUNERAL HOMEDate Permit Issued FEB. 2, 2004DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of Decedent CATHERINE D. ALSTERLUND

If a U.S. War Veteran, specify what war, organization, etc.

=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
(Name of cemetery or crematory)
(City or town)on 2/2/04 180 Grove Street
PROVIDENCE, RI 02805

Final Disposition

Certified by John T. Cobell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 04-03

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent MYRTLE E. LANGE

Sex F Date of Death MARCH 23, 2004

Place of Death SOUTHBOROUGH

Date of Birth JUNE 9, 1919

Immediate Cause METASTATIC CARCINOMA

Certifier H. ELLIOTT LARSON M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At RURAL CEMETERY

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued MARCH 25, 2004

No. 04-03

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to SOUTHBOROUGH TOWN CLERK
(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.

Name of Decedent MYRTLE E. LANGE

If a U.S. War Veteran, specify what war, organization, etc.

.....

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on March 26, 2004

Final Disposition Sec. C-West, Lot 48S, Grv#1

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Naomi K. Shoemaker

Sex F Date of Death April 123, 2004

Place of
Death Southboro Ma

Date of Birth Jan. 5, 1941

Immediate Cause Multiple Traumatic Injuries

Certifier Richard Evans M.D.

Permit
Issued To Paul Brascia

Disposition At Mt. Hope Cemetery
At Walla Walla, wa

Name of Facility Brasco & Sons Mem

Date Permit
Issued April 29, 2004

No. 04-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Edward P. Bator

Sex M Date of Death July 12, 2004

Place of Death Southborough MA

Date of Birth October 17, 1927

Immediate Cause Adenocarcinoma

Certifier John Krikorian M.D.

Permit Issued To Nancy G. Morris
Morris Funeral Home

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued July 14, 2004

No. 04-05

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk

(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Edward P. Bator

If a U.S. War Veteran, specify what war, organization, etc.

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ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on July 15, 2004

Final Disposition Sec. 1, Grv#133

Certified by Budget Jeff...
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Nora ScottSex F Date of Death Nov. 14, 2004Place of Death Southborough, MaDate of Birth June 25, 1912Immediate Cause Congestive Heart FailureCertifier John B. McCahan M.D.Permit Issued To Nancy G. Morris

Morris Funeral Home

Disposition At Rural CrematoryName of Facility Morris Funeral HomeDate Permit Issued Nov. 16, 2004DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Nora Scott

If a U.S. War Veteran, specify what war, organization, etc.

.....
=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at
(Name of cemetery or crematory) (City or Town)on Nov. 22, 2004

Final Disposition

Certified by John B. McCahan
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 04-07

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent THELMA MARY POWELLSex F Date of Death NOV. 21, 2004Place of
Death SouthboroDate of
Birth Feb. 22, 1928Immediate
Cause Respiratory FAILURECertifier CHRISTOPHER SMITH M.D.Permit
Issued To Roberts-Mitchell Funeral Svc.Disposition
At Vine Lake CemeteryName of
Facility Roberts-Mitchell Funeral Svc.Date Permit
Issued Nov. 24, 2004

R-309

No. 04-07

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH MassName of Decedent Thelma MARY POWELL

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Vine Lake Cemetery Medfield
(Name of cemetery or crematory) (City or Town)on 11/27/04Final Disposition burialCertified by Timothy Mandel
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 04-08

No. 04-08

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Marguerie Sherman

Sex F Date of Death Dec 1, 2004

Place of Death 41 White Bagley Rd

Date of Birth April 27, 1916

Immediate Cause arteriosclerotic cardiovascular dis

Certifier Antonio Boschetti M.D.

Permit Issued To Morris Funeral Home

Disposition At Rural Cemetery S. boro

Name of Facility Morris Funeral Home

Date Permit Issued Dec 3, 2004

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town of (Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Marguerie Sherman

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough MA
(Name of cemetery or crematory) (City or Town)

on December 4, 2004

Final Disposition Sec. B-West, Lot 70, Grv #3

Certified by (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 04-09DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent JOHN J. SULLIVANSex M Date of Death DEC. 7, 2004Place of Death SOUTHBOROUGHDate of Birth JAN. 19, 1937Immediate Cause Metastatic Colon CancerCertifier DR. JULIE KRUTAK M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition At RURAL CEMETERYName of Facility MORRIS FUNERAL HOMEDate Permit Issued DEC. 10, 2004No. 04-09DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent JOHN J. SULLIVAN

If a U.S. War Veteran, specify what war, organization, etc.

—

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on December 10, 2004Final Disposition Section M, Grv#134Certified by John J. Sullivan, Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 54-10

R-309

No. 04-10DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Karl S. TaylorSex M Date of Death 12-24-04Place of Death Southborough MaDate of Birth Dec 24, 1948Immediate Cause Cardiopulmonary ArrestCertifier Paul Grissel M.D.Permit Issued To Callanan F.H.Disposition At Burial CrematoryName of Facility Callanan F.H.Date Permit Issued December 17, 2004DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Karl S. Taylor

If a U.S. War Veteran, specify what war, organization, etc.

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—

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Burial Crematory
(Name of cemetery or crematory) Southborough (City or Town)on Dec 20, 2004 10:00 AM (Time and date of disposition)

Final Disposition

Certified by John W. Cobell
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-01DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent MARY ANNE McCANNSex F Date of Death JAN. 13, 2005Place of Death SOUTHBOROUGHDate of Birth JAN. 11, 1930Immediate Cause LUNG CANCER INOPERABLECertifier DR. J. LEITNER M.D.Permit Issued To MORRIS FUNERAL HOMEDisposition RURAL CEMETERY
At Name of Facility MORRIS FUNERAL HOMEDate Permit Issued JAN. 19, 2005No. 05-01DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to JANN CLERK
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent MARY ANNE McCANN

If a U.S. War Veteran, specify what war, organization, etc.

=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)
on January 19, 2005Final Disposition C-West, Lot 46N, Grav. #4Certified by DR. J. LEITNER
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Dorothy A. Taglienti

Sex F Date of Death Feb 8, 2005

Place of Death Southborough MA

Date of Birth Sept 19, 1937

Immediate Cause Lung Cancer

Certifier Michael Babin M.D.

Permit Issued To Daniel C. Berry
John Everett & Sons

Disposition At Rural Cemetery

Name of Facility John Everett & Sons

Date Permit Issued Feb 10, 2005

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Dorothy A. Taglienti

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough MA
(Name of cemetery or crematory) (City or Town)

on February 12, 2005

Final Disposition Sec. K, Grv #48

Certified by Daniel C. Berry
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent Abraham S. Haddad

Sex M Date of Death March 1, 2005

Place of
Death Southborough, MaDate of
Birth May 20, 1931Immediate
Cause Cardiac Arrest

Certifier Mark H. Terssey M.D.

Permit
Issued To Laurence R. Eaton
Eaton Funeral HomeDisposition
At Mt. Benedict Cem.Name of
Facility Eaton Funeral HomeDate Permit
Issued March 3, 2005DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough, Mass.

Name of Decedent Abraham S. Haddad

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Mt. Benedict West Roxbury
(Name of cemetery or crematory) (City or Town)

on March 5, 2005

Final Disposition Lot 24 RS - Gr. 3 - Sec. T1

Certified by Philip S. Flanerty, Supt.
(Signature of Superintendent, cemetery or crematory)

Supt.

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-04DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Richard William HallionSex M Date of Death March 5, 2005Place of Death Southborough, MADate of Birth Oct 5, 1934Immediate Cause Respiratory FailureCertifier Pat Chiro M.D.Permit Issued To John A Matarese JrDisposition At North Purchase Crem.Name of Facility Matarese Funeral HomeDate Permit Issued March 8, 2005No. 05-04DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Richard William HallionIf a U.S. War Veteran, specify what war, organization, etc.
Korea

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Woodlawn North Purchase March 10, 2005
(Name of cemetery or crematory) (City or Town)on March 10, 2005Final Disposition CremationCertified by Jim Sherman
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent William E. Clapp Jr.

Sex M Date of Death March 27, 2005

Place of Death Southboro, Ma.

Date of Birth Nov 9, 1960

Immediate Cause Chronic Ethanol Abuse

Certifier F. Scindler M.D.

Permit Issued To Richard Lomber

Disposition At Old St. Mary's Cem.

Name of Facility Richardson-Gaffey

Date Permit Issued March 29, 2005

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to SOUTHBOROUGH TOWN CLERK
(Office issuing permit)

City or Town of SOUTHBOROUGH Mass.

Name of Decedent WILLIAM E. CLAPP, JR.

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at St. Mary's Cemetery Situate
(Name of cemetery or crematory) (City or Town)

on Mar 30, 2005

Final Disposition Burial

Certified by C. M. Wible
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-07DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent BEATRICE P. JOHNSONSex F Date of Death APRIL 4, 2005Place of
Death SOUTH BOROUGHDate of
Birth JUNE 30, 1918Immediate
Cause CONGESTIVE HEART FAILURECertifier JAMES M. FLYNN M.D.Permit
Issued To Morris FUNERAL HOMEDisposition
At RURAL CEMETARYName of
Facility Morris FUNERAL HOMEDate Permit
Issued APRIL 7, 2005No. 05-07DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK
(Office issuing permit)City or Town of SOUTH BOROUGH Mass.Name of Decedent BEATRICE P. JOHNSON

If a U.S. War Veteran, specify what war, organization, etc.

=====

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on April 9, 2005Final Disposition Sec. B-East, Lot 34N, Grv#4Certified by B. M. Flynn
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

*Stub to be retained by officer issuing permit*Name of
Decedent STEVE SHABNOWITZSex M Date of Death April 22, 2005Place of
Death SOUTH BOROUGHDate of
Birth FEB. 18, 1913Immediate
Cause VALVULAR HEART DISEASECertifier ARNOLD J. HILL M.D.Permit
Issued To Wendy HorwitzDisposition
At Cedargrove Cemetery, Flushing, NYName of
Facility TASLIS Lysak's Co. Inc.Date Permit
Issued April 22, 2005

No. 05-09

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent JOHN E. MITCHELL

Sex M Date of Death MAY 1, 2005

Place of Death Southborough

Date of Birth NOV. 18, 1933

Immediate Cause PARAC ARREST

Certifier LI-MING HU M.D.

Permit Issued To MORRIS FUNERAL HOME

Disposition At RURAL Crematory

Name of Facility MORRIS FUNERAL HOME

Date Permit Issued MAY 3, 2005

R-309

No. 05-09

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT*This section to be returned immediately, properly endorsed*to SOUTHBOROUGH Town Clerk
(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent JOHN E. MITCHELL

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery, Southborough, MA
(Name of cemetery or crematory)

on May 14, 2005

Final Disposition B-East, Lot 35N, Gry #1A

Certified by (Signature of Superintendent, Cemetery or Crematory)

If there is no officer in charge, funeral director must sign and return this stub.

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-10

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Ray Buel DavisSex M Date of Death June 28, 2005Place of Death Southborough, MADate of Birth July 14, 1913Immediate Cause Metastatic Bladder Prostate CancerCertifier Karen Gail Brandse M.D.Permit Issued To Morris FuneralDisposition At Rural CemeteryName of Facility Morris Fun HomeDate Permit Issued June 30, 2005

R-309

No. 05-10

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)City or Town of Southborough Mass.Name of Decedent Ray B. Davis

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)on July 1, 2005Final Disposition Sec. 9, Lot 50, Grv#2Certified by Sadie J. Hill
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-11

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Dolores Braselman Newman
 Sex F Date of Death Sept 13, 2005
 Place of Death Southborough
 Date of Birth Aug 20, 1922
 Immediate Cause Respiratory Arrest
 Certifier Howard D. Kirshenbaum M.D.
 Permit Issued To Morris Funeral Home
 Disposition At Rural Crematory
 Name of Facility Morris Funeral Home
 Date Permit Issued Sept 15, 2005

No. 05-11

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk

(Office issuing permit)

City or Town of Southborough Mass.

Name of Decedent Dolores B. Newman

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Crematory
 (Name of cemetery or crematory) (City or Town)
 SEP 19 2005
 on 180 Grove Street
 Worcester, MA 01605

Final Disposition
 Certified by John D. Cobell
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-12No. 05-12DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Shauna Marie Murphy
 Sex F Date of Death Oct 13, 2005
 Place of Death Southborough, MA
 Date of Birth Dec 20, 1987
 Immediate Cause Traumatic Impact
 Certifier Earl Kasdan M.D.
 Permit Issued To Morris Fun Home
 Disposition At Rural Cemetery
 Name of Facility Morris Fun Home
 Date Permit Issued Oct 14, 2005

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately properly endorsed

to Town Clerk

(Office issuing permit)

City or Town of Southborough Mass.Name of Decedent Shauna Marie Murphy

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
 (Name of cemetery or crematory) (City or Town)
 on October, 17, 2005Final Disposition Section M, Gry#126Certified by Dick Hulsey
 (Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-13

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Meagan Christine Murphy

Sex F Date of Death Oct 13, 2005

Place of Death Southborough MA

Date of Birth San 17 1990

Immediate Cause Traumatic Injuries

Certifier Earl Kasdan M.D.

Permit Issued To Morris Fun Home

Disposition At Rural Cemetery

Name of Facility Morris Fun Home

Date Permit Issued Oct 14, 2005

R-309

No. 05-13

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk
(Office issuing permit)

City or Town of Southborough Mass

Name of Decedent Meagan Christine Murphy

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City or Town)

on October 17, 2005

Final Disposition Section M, Grv #124

Certified by Frank Miller, Jr.
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Martin E GrinkleySex M Date of Death Oct 21, 2005Place of Death Southborough, MA
800 WoodlawnDate of Birth Dec 3, 1950Immediate Cause Cardiac ArrestCertifier Mathias Numberger M.D.Permit Issued To Henry C. Boyle IIIDisposition At Ma Nat'l Cem.Name of Facility Boyle Bros. Fun. HomeDate Permit Issued Oct. 24, 2005

No. 05-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to Town Clerk

(Office issuing permit)

City or Town of Southborough MassName of Decedent Martin E GrinkleyIf a U.S. War Veteran, specify what war, organization, etc.
Vietnam Era

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at INTERRED (Name of cemetery or crematory) (City or Town)on 10-25-05

Final Disposition

Certified by MASSACHUSETTS NATIONAL
CEMETERY, BOURNE, MA
(Signature of Superintendent cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

No. 05-15

R-309

No. 05-15DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent CHARLES P. ASPESISex M Date of Death Nov. 2, 2005Place of
Death SOUTHBOROUGHDate of
Birth Nov. 29, 1929Immediate
Cause LIVER CANCERCertifier ALLA BOLKHOVSKY M.D.Permit
Issued To MORRIS FUNERAL HOMEDisposition
At RURALName of
Facility MORRIS FUNERAL HOMEDate Permit
Issued Nov. 3, 2005DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately, properly endorsed

to TOWN CLERK'S OFFICE
(Office issuing permit)City or Town of SOUTHBOROUGH Mass.Name of Decedent CHARLES P. ASPESI

If a U.S. War Veteran, specify what war, organization, etc.

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ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery SOUTHBOROUGH, MA
(Name of cemetery or crematory) (City or Town)on November 5, 2005Final Disposition Sec. C-East, Lot 11, Gry 15Certified by Superintendent, Cemetery or Crematory
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.